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Client: 50588	Matter: 97
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DATE: September 14, 2005

No. of Pages (including this cover): 25

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COMMENTS:

Attached is an Amendment, Request for Continued Examination, and accompanying documents for Serial No. 10/092,362, filed March 6,2002, entitled CONCENTRIC CURVILINEAR MENUS FOR A GRAPHICAL USER INTERFACE.

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SaltLake-260746.1 0050588-00097

SEP 14 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Loc V. Nguyen

Docket No.

50588/97

Serial No.
10/092,362Filing Date
March 6, 2002Examiner
Stephen B. TheriaultGroup Art Unit
2179

Invention: CONCENTRIC CURVILINEAR MENUS FOR A GRAPHICAL USER INTERFACE

I hereby certify that this Amendment Transmittal Letter; see below.
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571.273.8300on September 14, 2005

(Date)

Kory D. Christensen

(Typed or Printed Name of Person Signing Certificate)

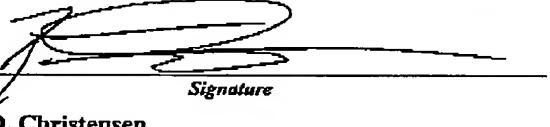


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Transmittal: Amendment (20 pgs.)
Request for Continued Examination (1 pg.)
PTO-2038 Credit Card Payment Form in the
amount of \$790.00

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AMENDMENT TRANSMITTAL LETTER (Large Entity)		Docket No. 50588/97	
Applicant(s): Loc V. Nguyen			
Serial No. 10/092,362	Filing Date March 6, 2002	Examiner Steven B. Theriault	Group Art Unit 2179
Invention: CONCENTRIC CURVILINEAR MENUS FOR A GRAPHICAL USER INTERFACE			
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>			
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>			
CLAIMS AS AMENDED			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT
TOTAL CLAIMS	28 -	41 =	0 x \$18.00
INDEP. CLAIMS	4 -	4 =	0 x \$80.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>			\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502375 A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>			
 <i>Signature</i>			
Dated: September 14, 2005			
<p>Kory D. Christensen Pat. Reg. No. 43,548 STOEL RIVES LLP One Utah Center 201 S. Main St. - Suite 1100 Salt Lake City, Utah 84111 Phone: 801.578.6993 Fax: 801.578.6999</p>			
<p>I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p>			
<i>Signature of Person Mailing Correspondence</i>			
<i>Typed or Printed Name of Person Mailing Correspondence</i>			
cc:			